



COMMERCIAL BUSINESS LICENSE APPLICATION

Please allow 10-14 business days for processing

West Bountiful City

BUSINESS LICENSING DEPARTMENT

550 N 800 W, West Bountiful, UT 84087

Phone: (801) 292-4486 Fax: (801) 292-6355

www.westbountiful.utah.gov

Type of License Requested:

☐ New

☐ Renewal

Business Information:

Business Name: _____

Business Name (DBA): _____ Phone: _____ Fax: _____

Business Address: _____

Mailing Address (if different): _____

State License No: _____ State Tax ID: _____ FEIN: _____

Specific Description of Business to be conducted:

Applicant Information:

Applicant's Name: First: _____ Middle: _____ Last: _____

Applicant's Address: _____ Phone: _____

Owner Name: First: _____ Middle: _____ Last: _____

Owner Address: _____ Phone: _____

General Manager: First: _____ Middle: _____ Last: _____

Manager Address: _____ Phone: _____

Emergency Contact(s): _____

I hereby make application for the issuance of a business license from West Bountiful City in accordance with the provisions of West Bountiful Municipal Code, Title 5. I certify that the above information is true and correct to the best of my knowledge. I understand that additional permitting may be required in order to comply with zoning requirements.

Date: _____

Sign Here: _____

Applicant

License Fees:

Annual License Fee

Number of Full Time Employees _____ x \$5.00 per employee \$ 50.00

Number of Part Time Employees _____ x \$2.50 per employee \$ _____

Other Applicable Fees (Beer License, Amusement Device, Conditional Use) \$ _____

TOTAL DUE \$ _____

FOR OFFICIAL USE ONLY

Zoning Review/Approval Date: _____

Planning Approval Date: _____

Health Department Approval Date: _____

Fire Marshall Approval Date: _____